

As Modified by Blakely, Sokoloff, Taylor & Zafman LLP

SEP 03 2004

61

PTO/SB/31(02-01)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

In Re Application of Sah

Attorney Docket No.: 05550.P002

Application Number 09/923,498

Filed August 6, 2001

For Storage of Row-Column Data

Group Art Unit: 2172 Examiner: Ly, A.

Address to:

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

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Technology Center 2100

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

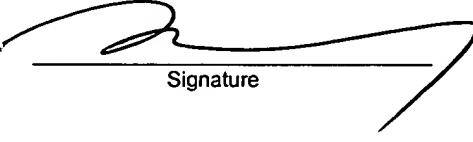
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-2666. I have enclosed a duplicate copy of this sheet.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

applicant/inventor.


Signature

assignee of record of the entire interest
See 37 CFR 3.71, Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96)

attorney or agent of record.

Sheryl Sue Holloway, Reg.37, 850

Typed or printed name

attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____
(Reg. No.)

Aug. 31, 2004

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of forms are submitted

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
on August 31, 2004 Cheri Clinkenbeard

Date

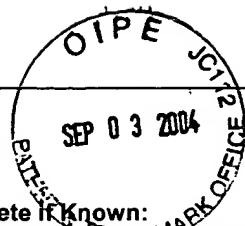
Typed or printed name


Signature

05/01/03

09/07/2004 MAHMED1 00000008 09923498

01 FC:1401 330.00 0P



FEE TRANSMITTAL FOR FY 2004

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 330.00

Complete if Known:

Application No. 09/923,498

Filing Date 8/6/01

First Named Inventor Sah

Examiner Name Ly, A.

Art Unit 2172

Attorney Docket No. 05550.P002

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Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Credit any overpayments.

Charge any additional fees during the pendency of this application.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	
Code	Fee	Code	
1001	770	2001	Utility application filing fee
1002	340	2002	Design application filing fee
1003	530	2003	Plant filing fee
1004	770	2004	Reissue filing fee
1005	160	2005	Provisional application filing fee

SUBTOTAL (1) \$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	<u>- 20** =</u>	X	=
Independent Claims	<u>- 3** =</u>	X	=
Multiple Dependent			=

**Or number previously paid, if greater; For Reissues, see below.

Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description
Code	Fee	Code	Fee	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0

RECEIVED

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Technology Center 2100

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1814	110	2814	55
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,330	1454	1,330

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 330.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Sheryl Sue Holloway

Signature: _____ Date: Aug. 31, 2004

Reg. Number: 37,850 Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



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(FY 2004 Begins 10/01/2003)

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FEE CALCULATION

1. BASIC FILING FEE

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Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
		Utility application filing fee	_____
		Design application filing fee	_____
		Plant filing fee	_____
		Reissue filing fee	_____
		Provisional application filing fee	_____

SUBTOTAL (1) \$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	<u>- 20** =</u>	<u>X</u>	<u>=</u>
Independent Claims	<u>- 3** =</u>	<u>X</u>	<u>=</u>
Multiple Dependent		<u>=</u>	

**Or number previously paid, if greater; For Reissues, see below.

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FEE CALCULATION (continued)

3. ADDITIONAL FEES

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Code	(\$)	Code	(\$)
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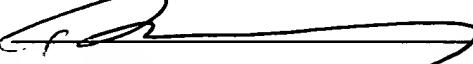
Other fee (specify) _____

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Typed or Printed Name: Sheryl Sue HollowaySignature: Date: Aug 31, 2004Reg. Number: 37,850Telephone Number: 408-720-8300

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